

This Eye's Had It

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It looked like an easy out when the ball left the burly right-hander's bat—a grounder just a step or two to my left. I shifted my feet and got into position, bending my knees and holding my glove close to the ground before I got in front of the bounding softball. The field's surface wasn't even and I saw the ball take two low hops, so I braced for the ball to hit squarely in the pocket of my trusty infielder's glove. I figured I could scoop it up and nail the runner at first, but I didn't get the chance. Instead, the ball hit another rise in the ground and struck me in the face. That's when the lights went out.

The next thing I remember was my teammates and opponents hovering over me. Someone put a wet rag over my left eye and told everyone, "He's all right. The cut's underneath his eye." A couple of my teammates picked up what was left of my glasses and handed the pieces to my wife, who'd raced from the bleachers to the huddle of people gathered around me. She'd been chasing our 2-year-old son and missed hearing the thud when the ball hit my face and knocked me down. (By the way, "softball" is a gross misnomer. Believe me, there was nothing soft about that ball!)

After I shook most of the cobwebs loose, my wife and a friend helped me into our vehicle and we headed to the emergency room. Now, I've been playing softball since I was old enough to hold a bat and suffered my share of twisted ankles, pulled muscles and "strawberries." This time, though, I could tell my injury was more serious.

I'd been wearing my prescription glasses during the game because I've always had poor eyesight. When I opened my swollen left eye during the examination, however, I couldn't see anything. While a CAT scan showed no broken facial bones or fragments from my glasses in my eye, I wasn't encouraged when the emergency room physician said, "We're going to have to get an ophthalmologist in here to see if we can save your vision."

The ophthalmologist checked me and offered a little more hope. He said, "The front part of your eye is filled with blood (hyphema) right now. When it clears out, your sight might come back completely. However, when the blood clears, it might reveal more damage to the back of your eye."

Although that "however" got to me, I went home thinking positive thoughts. Surely, the hyphema will clear up and my sight will come back, I told myself. Unfortunately, it didn't turn out that way.

When the blood cleared, the doctors could see my lens was ruptured and my retina, although not detached, was severely damaged. I had an hour-and-a-half operation where an ophthalmologist removed the lens and cleaned out the remaining blood. His best prognosis was that with an implant or contact lens I might get most of my peripheral vision back. Nevertheless, because of the retinal damage, I'd never recover my central vision in that eye.

His prognosis was right on the money. Using a contact lens today, I can see things out of the corner of my left eye, but when I try to look straight at something, it's covered by a black cloud. Even so, I've adjusted pretty well to my situation. Thanks to the overlap of my right eye's field of vision, I lost only about 20 percent of my total vision. My job requires me to work at a computer all day, so my right eye now tires more quickly than it used to. Fortunately, I can still drive.

There wasn't much I could've done to prevent that ball from hitting me. I didn't see the little rise in the field that lofted the ball into my face. However, while I couldn't have predicted what happened, I could've protected my eyes. Various models of protective sports eyewear that are shatterproof and can be ground to match your eyewear prescription are available at optometrists' offices. Sure, they're pricey, but that one-time expense is a lot cheaper than surgery. It's better to spend the money protecting your eyes now than to spend it later correcting the damage and still end up, like me, partially blind.

FYI

Prevent Blindness America reports that hospital emergency rooms treat 40,000 sports-related eye injuries every year. Even non-contact sports such as badminton can present inherent dangers to the eyes. Any sport in which balls, racquets or flying objects are present pose potential for eye injury.



See Your Game

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Times have changed, and wearing safety glasses no longer earns you the title of “geek” on the court or field. In fact, wearing today’s protective eyewear tells other players you take your sport seriously. After all, the better protected you are from injuries, the more aggressively you can play.

Dr. Calvin Denney runs America’s largest vision center, Denney Vision, located in Dothan, Ala. He’s been helping people both correct and protect their vision since becoming an optometrist in 1958. Here’s what Dr. Denney said people should look for in protective eyewear.

“You need a lens that will withstand an impact and not break and shatter into the eyes,” he said. The material of choice, he explained, is polycarbonate, a transparent polymer tough enough to take almost any impact. Much lighter than glass, it’s scratch resistant and designed to absorb impacts.

Seeing clearly without worrying about disabling eye injuries can be a real plus in sports. So, how do you know the sports eyewear you’re considering will really get the job done? To answer that question, the American Society for Testing and Materials has set standards for protective eyewear keyed to specific activities. For example, sports like baseball, racquetball, women’s lacrosse and field hockey should conform to ASTM Standard F803. There are different ASTM standards for sports where helmets are worn, some of which are listed below:

- Paintball: ASTM Standard 1776
- Skiing: ASTM Standard 659
- Ice hockey: ASTM Standard F513
- Youth batters and base runners: ASTM Standard F910

It’s not just the lens material that’s important, however; you also need a frame that can withstand tough impacts. Just like lenses, frames should meet ASTM Standard F803. These frames can take impacts without coming apart or breaking and include a strap to ensure they stay on the wearer’s head.

Not everyone who plays sports has perfect eyesight. Denney explained the need for corrective lenses can be met in a number of ways. For example, some sports eyewear contains separate inserts behind the protective lens. Wearers can have prescription lenses made to fit those inserts. With polycarbonate protective eyewear, wearers have other options. If they wear contacts, they can continue to do so safely as long as they’re wearing their protective eyewear. If they wear eyeglasses, prescriptions often can be ground into the polycarbonate lens itself.

Good things don’t come cheap, and quality protective eyewear can easily cost well over \$100. Compared to the cost of an emergency room visit or a lifetime of visual impairment, though, good sports eyewear is a downright bargain.